

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038024

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9620

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILE OCT 4 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *St. Louis*

Length of stay in 1b
4 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *Faith Hospital*

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
a. STATE *Missouri*, COUNTY *St. Louis*

c. CITY OR TOWN *Hillsdale*

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS *6425 Mount Avenue*

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First *John Fred* Middle *Schubert* Last

4. DATE OF DEATH

Month *Sept* Day *24* Year *1963*

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☐ Never Married ☒ Widowed ☐ Divorced

8. DATE OF BIRTH

4/18/80

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cement Finisher

10b. KIND OF BUSINESS OR INDUSTRY
Retired 10 years

11. BIRTHPLACE (City and state or country)
Carlyle Illinois

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Fred Schubert

13b. MOTHER'S MAIDEN NAME

Marie Anne Hettiger

14. NAME OF HUSBAND OR WIFE

Lela Schubert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no none

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs Ethel M. Wagner 6425 Mount Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Phlema

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chr. Nephrosclerosis
arteriosclerotic Cardiovascular Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma Caecum Early

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

442XH

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

6/16/56 to *9/24/63* least saw him alive on *9/24/63*
645A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert A Bauer MD

22b. ADDRESS

Northland Med Bldg

22c. DATE SIGNED

9/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Sept 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

24. FUNERAL DIRECTOR

Shepard Funeral Chapel Natural Bridge

25. DATE RECD. BY LOCAL REG.

SEP 26 1963

26. REGISTRAR'S SIGNATURE

Neal Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2 *40-23*

3

4 *0*

5 *2*

6

7 *1*

8 *2*

9

10

11

12 *60-7*

13

60

D R ROBERT BAKER
NORTHLAND MEDICAL CENTER
1-4
CO-1-7302

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence P. Darling

Licensed Embalmer No. 4979

P. O. Address Berkely, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.